

FACSIMILE COVER SHEET

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CENTRAL FAX CENTER

SEP 15 2006

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September 15, 2006

TO: Examiner Borgeest

GROUP: 1649

FAX NUMBER: 571-273-8300

ATTORNEY DOCKET NO.: PTQ-0027

SERIAL NO.: 09/115,589

FILED: July 15, 1998

NUMBER OF PAGES: 17

MESSAGE: Attached please find Supplemental Reply in Response to Telephone Interview with attachment and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

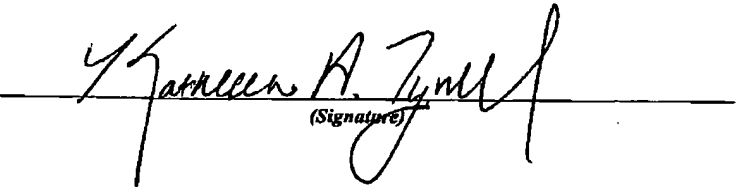
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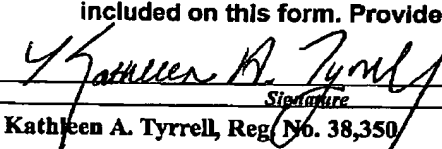
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. PTQ-0027	
Applicant(s): Van Eyk et al.				
Application No. 09/115,589	Filing Date July 15, 1998	Examiner Borgeest, Christina M.	Group Art Unit 1649	
Invention: Methods of Diagnosing Muscle Damage				
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<p>I hereby certify that this <u>Supplemental Reply in Response to Telephone Interview with attachment</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>September 15, 2006</u> (Date)</p> <p style="text-align: right;"><u>Kathleen A. Tyrrell</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: center;"> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>				

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. PTQ-0027	
Applicant(s): Van Eyk et al.						
Application No. 09/115,589	Filing Date July 15, 1998	Examiner Borgeest, Christina M.	Customer No. 26259	Group Art Unit 1649	Confirmation No. 1553	
Invention: Methods of Diagnosing Muscle Damage						
COMMISSIONER FOR PATENTS:						RECEIVED CENTRAL FAX CENTER SEP 15 2006
Transmitted herewith is an amendment in the above-identified application.						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	17 -	42 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	2 -	4 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Kathleen A. Tyrrell, Reg. No. 38,350			Dated: September 15, 2006			
CC:			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			

P11SMALL/REV10